TRAVEL PAYMENT VOUCHER

User No.

Vendor Information

Vendor Alpha Prefix
No/Sfx
Name
Street
City, St & Zip

Payment Indicator

Department Name:
Building:
Phone #:
Position:
Official Station:
Regular Domicile:
Travel Period:
Travel Order No.: In State

Purpose of Travel (event):

Meals: B: L: D:

Date Departure Time Return Time Miles Destination Meals

State Veh.# Total Miles 0.00

X Rate per Mile:

Document Totals 0.00 0.00 0.00 0.00 0.00 Document Total 0.00

BPC Documents: Registration: Airfare: Lodging: Rental Car: Other:

CLAIMANT CERTIFICATION:
I certify that the above claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law.

Signature Date

DEPARTMENTAL APPROVALS:

Signature Date

AGENCY PAYMENT CERTIFICATION:
I certify that the travel and expense within was duly ordered, on official state business, under authority of law, and the amount herein is correct and is unpaid.

Signature Date

An Equal Opportunity Employer